

FILE CODE RADIATION SURVEY - GAMMA

DATE 6/19/79

Director

NAME Mrs. E.W. Sinclair

PHONE

(b) (6)

TYPE OF REQUEST RADIATION SURVEY

CONDITIONS FOUND AND ACTION TAKEN DID A GAMMA SURVEY INSIDE  
& OUTSIDE. READINGS RANGED FROM 4-9  $\mu$ R/hr.  
TALKED TO THE RESIDENTS AND THEY AGREED  
NOT TO INSTALL A PUMP

INVESTIGATED BY

KRM

DATE

6/27/79

RAD/9 Radiological Health Investigation and Complaint Card

REDACTED

SITE: Florida Phosphate  
BREAK: 17.8  
OTHER: V. 47



10518256

Earl W. Sinclair  
824 W. Ariana Street  
Lakeland, Florida 33803

JUN 22 1979

June 20th 1979

4 0'clock

Dear Mr. Keaton,

This will authorize you to test our  
building for indoor or and outdoor  
radiation -

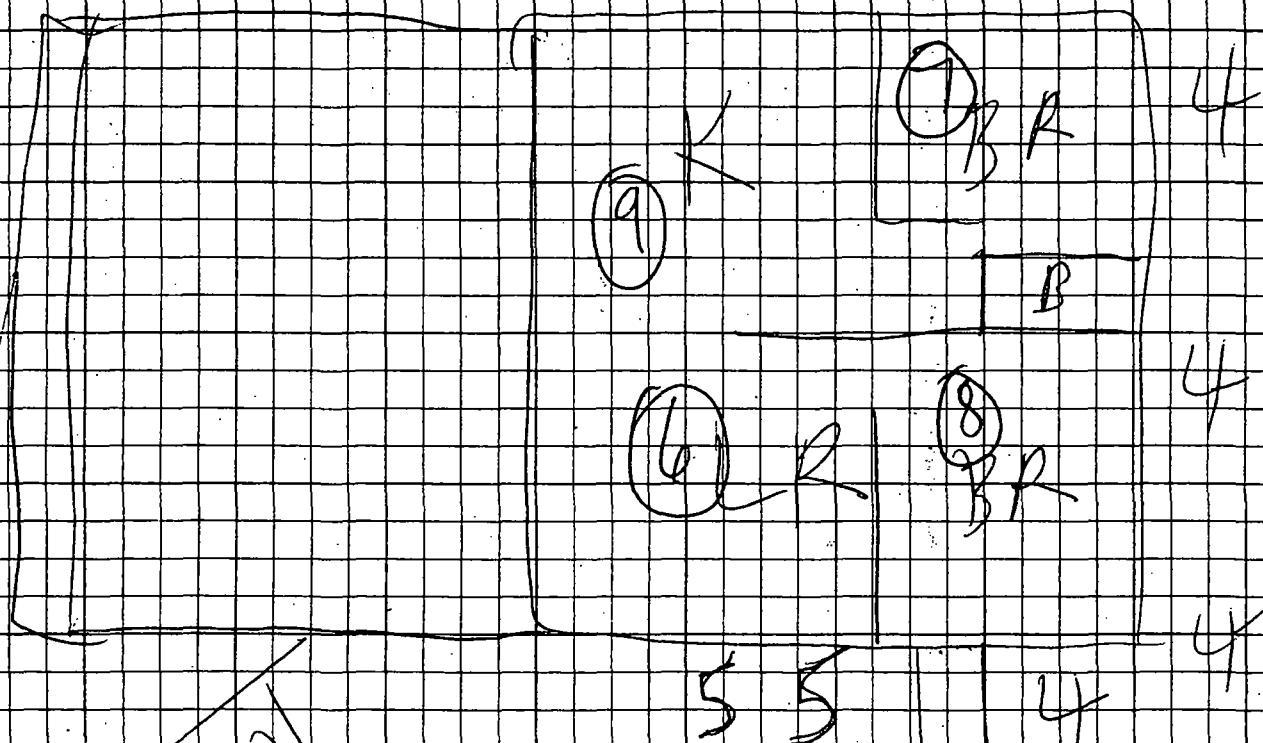
Our telephone number is (b) (6)  
we are located on the corner of (b) (6)  
a (b) (6) it is a (b) (6)

we will await your phone call to make  
an appointment for your test at your  
convenience -

Sincerely  
Earl W. Sinclair



DUPLEX



822

CARD LOCATION NO. CITY COUNTY STATE DATE FORM COMPLETED MONTH YEAR  
[A] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19  
NO ASSIGN Mulberry ADDRESS  
29 AUG 79

NUMBER DIR. NAME  
[ ] (b) (6) [ ] [ ] (b) (6)  
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40  
(Last Name First - Initials for first and middle name-husband and wife)  
OCCUPANTS NAME [ ]  
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58  
(Last Name First - Initials for first and middle name-husband and wife)  
OWNERS NAME [ ]  
59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76  
(OWNERS ADDRESS)

CLASSIFICATION GAMMA SCREEN ANOMALY RADIATION GAMMA MAP  
[ ] [ ] [ ] [ ] [ ] [ ]  
77 78 79 80  
0. Vacant Lot 0. None 0. None  
1. Residence single family 1. Completed 1. Under  
2. Multiple (> 4 families) 2. Occupant refusal 2. Away  
3. Apartment (> 4) 3. No - ask owner 3. Under-Away  
4. Motel, hotel, or hospital 4. Owner refusal 4. Possible  
5. Single business (in one unit) 5. No one to contact 5. Unknown  
6. Multiple business unit (connected) 6. No bad address  
7. School 7. Outside only  
8. Church 8. Special scheduling  
9. Other 9. Other

CARD LOCATION NUMBER CITY COUNTY STATE  
[B] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
LOCATION CODE Twosp Range Section 1/4 Sec. Block Owner Number Lot  
[ ]  
16 17 18 19 20 21 22 224 25 26 27 28 29 30  
HOG LOG HIG LOCATION HIG  
[ ]  
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45  
TYPE OF STRUCTURE NUMBER OF LEVELS MATERIAL A/C  
[ ]  
47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66  
1. Basement 1. Masonry 1. Yes  
2. Slab on grade 2. Non-masonry 2. No  
3. Crawl space  
4. Trailer  
5. Unknown  
FREE PUNCH COMMENT [ ]  
67 68 69 70 71 72 73 74 75 76 77 78 79 80

W  
↑

10

8

11

8

8

12

6

6

8

14

7

FM  
RA  
8

10

CP

12

10

12

CAMERA

LUCKY 125  
#7152

Belmont

22

(b) (6)

Aug 10, 1979

Mr. Geaton

I would like to have our  
home checked for radiation.

They are located in: (b) (6)

(b) (6)

corner of Belmont  
(b) (6) (b) (6) (b) (6) 1:30-2:00pm  
(b) (6) (b) (6) (b) (6)  
Our telephone number is (b) (6)  
(b) (6)

FILE CODE RAD Survey (b) (6) DATE 29 AUG 79

NAME Mrs John Howerton PHONE (b) (6) ADDRESS (b) (6)

TYPE OF REQUEST Attached game survey

CONDITIONS FOUND AND ACTION TAKEN Gamma Survey Inside Home and  
Outside in yard - no indicative of problem

INVESTIGATED BY W. G. B. J. W. van der Vliet DATE 2  
RAD/9 Radiological Health Investigation and Complaint Card



FILE CODE RAD - Gamma Survey DATE 12/11/05

NAME Mrs M. Cordover PHONE (b) (6)

TYPE OF REQUEST Gamma Survey / Radon WL

CONDITIONS FOUND AND ACTION TAKEN Gamma Survey Results, no measurements  
> 8 Wd/HR, Explanation of Results to Mrs Cordover & Mrs Moye.

NO RIPSU Installed

Follow Up letter sent (attached)

INVESTIGATED BY [Signature] DATE 12/11/05  
RAD/9 Radiological Health Investigation and Complaint Card



Real Estate, REALTOR®

Member M L S    Member **RELO** National Relocation Service

November 5, 1985

\*  
2:30

Mr. Mike Gilley  
Radiological Health Section  
Polk County Health Department  
P. O. 1480  
Winter Haven, Florida 33880

Dear Mr. Gilley:

Please accept this letter as request and authorization to perform a Radon Gas Test at the residence of 904 Brookwood in Lakeland, Florida. The results should be mailed to Dr. Mitch Cordover or Merrie A. Moyer will pick them up and hand deliver the results to Dr. Cordover.

I am acting as agent for Dr. Hanks of Miami and he is aware of this request and consents.

Thank you for your prompt attention.

Sincerely:

Beverly O. Page  
Listing Agent

P. S. Merrie A. Moyer, Selling Agent, will meet you at your convenience and open the home for you. Call 644-7561 or 956-1204 for an appointment.

Nov 7, 85  
2:30pm  
amg





Real Estate of Polk County Inc.

REALTOR® Member M L S Member RELO National Relocation Service

# ASSUMABLE MORTGAGE

## 10.1%



Address 904 BROOKWOOD

\$169,900.00

MAGNIFICENT RUTENBURG SPLIT MASTER PLAN SET ON A CHOICE LOT IN BROOKWOOD SUBDIVISION. THIS RECENTLY UPDATED 5 BEDROOM, 3 BATH HOME IS DESIGNED FOR ENTERTAINING WITH ALL ROOMS OPENING OUT TO THE BEAUTIFUL DREAM POOL WHICH IS SCREEN ENCLOSED. ALL ROOMS ARE FRESHLY PAINTED AND NEW CARPETING AND VINYL FLOOR COVERINGS WERE JUST INSTALLED. NEW LANDSCAPING AND AN IRRIGATION SYSTEM WERE PART OF THE RECENT UPGRADING. THE MASTER SUITE HAS IT'S OWN DRESSING AREA ABUTTING THE WALK-IN CLOSET, AND A NEWLY TILED BATH SHOWER. THIS ROOM HAS IT'S OWN SET OF SLIDING DOORS TO THE POOL AREA. ROOM TECHNIQUES JUST INSTALLED CUSTOM WINDOW TREATMENTS TO ALL ROOMS. VAULTED CEILING FAMILY ROOM W/ WET BAR AND SPACIOUS EAT IN KITCHEN AREA. THERE ARE 2 SETS OF TRIPLE SLIDING GLASS DOORS WHICH ARE FULLY RETRACTABLE. 7 PADDLE FANS THROUGHOUT HOME COOL THIS ENTERTAINER'S DREAM HOME. A JOY TO SHOW, A DREAM TO OWN!!!



Real Estate, REALTOR®

**CYNTHIA DIANA DELOACH**

REALTOR-Associate  
Evenings: (813) 686-7832



Christina Office  
813/644-7561

201 Christina Boulevard  
Lakeland, Florida 33803

Christina Office \* 201 Christina Boulevard \* Lakeland, Florida 33803 \* 813/644-7561

FILE CODE

Rad- Gamma Survey

DATE

Feb 83

NAME

Ken Rogers

PHONE

(b) (6)

DRESS

(b) (6)

TYPE OF REQUEST

Gamma Survey

CONDITIONS FOUND AND ACTION TAKEN

Range 17-20 microR/hr

Mean 18 uR/hr

- Phone Call & EXPLANATION 3 mar 83
- See Letter to Mr Rogers "Attached"

INVESTIGATED BY

NMG/HK

DATE

3 mar 83

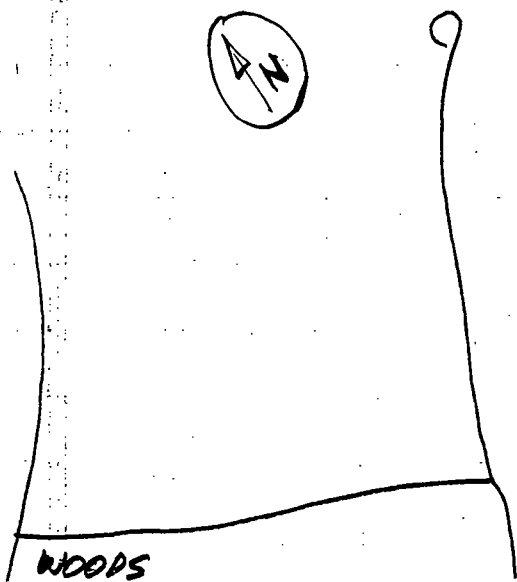
RAD/9 Radiological Health Investigation and Complaint Card

2-18-83

HALAN KEATON  
P.C. HEALTH DEPT.  
P.O. BOX 1480  
WT. HAVEN, FL 33980

DEAR MR. KEATON:

I HAVE RECENTLY PURCHASED LOT NO. 374 IN CHRISTINA  
WOODS SUBDIVISION IN LAKE LAND. I UNDERSTAND THAT



100 ft 374 (100 ft 374 - 100)





# DISTRICT SIX POLK COUNTY HEALTH DEPARTMENT

WILLIAM F. HILL, JR., M.D.  
DIRECTOR

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

P.O. BOX 1460  
229 AVENUE D, N.W.  
WINTER HAVEN, FLORIDA

33880

RADIOLOGICAL AND OCCUPATIONAL HEALTH SECTION  
813 294-7481 ext 283

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33601

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

May 17, 1985

Patrick W. Lewis  
Director, Solid Waste Management  
Polk County Environmental  
Services Division  
Bartow Airbase  
P.O. Box 39  
Bartow, Fl 33830

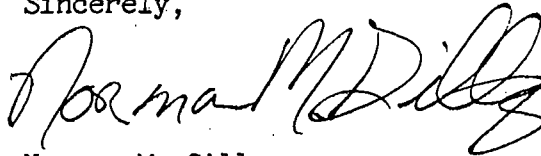
RE: GAMMA SURVEY



Patrick W. Lewis  
May 17, 1985  
Page 2

Thank you for your interest in Radiological Health. Please contact this office if we may be of any assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Norman M. Gilley". The signature is fluid and stylized, with the first name "Norman" and last name "Gilley" clearly distinguishable.

Norman M. Gilley  
Public Health Physicist Supervisor



*IMPERIAL*  
**P O L K C O U N T Y**

P.O. BOX 39

BARTOW, FLORIDA 33830

April 25, 1985

(813) 533-1205

ENVIRONMENTAL SERVICES DIVISION

Frank L. Wilson, Director - Entomologist

Mr. Mike Gilley  
Radiological and Occupational  
Health Section  
Polk County Health Department  
Post Office Box 1480  
Winter Haven, Florida 33881

Dear Mr. Gilley:

We respectfully request that your department perform a preliminary gamma survey on a gypsum area located on IMC property in the Southwest quarter of Section 16, Township 30 South, Range 24 East (see attached map and letter from IMC). We





INTERNATIONAL MINERALS & CHEMICAL CORPORATION

April 18, 1985

Mr. Frank Wilson  
Polk County Environmental Services  
P. O. Box 658  
Bartow, FL 33830

Dear Mr. Wilson:

This letter constitutes permission for you, your representatives and assigns to be on IMC property located in Sections 16, 17, 20 and 21, Township 30 South, Range 24 East, Polk County, Florida, for the purpose of conducting on-site testing to determine acceptability for a possible relocation site for the Polk County Agricola Landfill. It is understood that it will be necessary to have a bulldozer, a front-end loader and operators on the aforementioned lands to conduct this testing. This permission will expire on August 16, 1985.

The undersigned hereby waives any claim against INTERNATIONAL MINERALS & CHEMICAL CORPORATION ("International"), and releases International from any claim for personal injury or property damage suffered by the under-

FILE CODE Gamma Survey

DATE 2/27/84

NAME Joe Tiest

PHONE \_\_\_\_\_

ADDRESS (b) (6)

TYPE OF REQUEST Mr. Tiest acquired quite a number of bricks from a phosphate company. He would like to know if there is any radioactivity associated with them. Also some fill.

CONDITIONS FOUND AND ACTION TAKEN \_\_\_\_\_

4/28 I used Ludlum # 7152 for survey. The following measurements were detected:

driveway - 12-14  $\mu$ R

blocks for part of house - 30-40  $\mu$ R

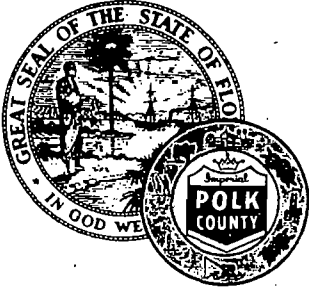
other blocks & bricks - background

Rocks, landscaping - 40  $\mu$ R

INVESTIGATED BY 

DATE 2/28/84

RAD/9 Radiological Health Investigation and Complaint Card



**IMPERIAL**  
**P O L K C O U N T Y**

P.O. BOX 39

BARTOW, FLORIDA 33830

(813) 533-1205  
ENVIRONMENTAL SERVICES DIVISION  
Frank L. Wilson, Director

May 23, 1985

Mr. Norman M. Gilley  
Public Health Physicist Supervisor  
Polk County Health Department  
Radiological and Occupational Health Section  
Post Office Box 1480  
Winter Haven, Florida 33880

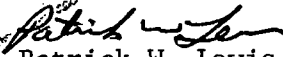
RE: Gamma Survey  
Proposed County Landfill Site

Dear Mr. Gilley:

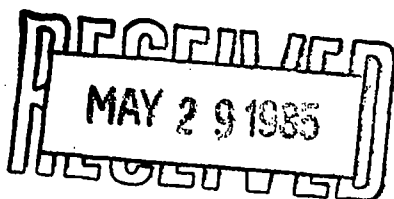
Thank you for your prompt response to our request for a gamma survey at a possible county landfill site located on Bonnie Mine Road. Your written report has been received and will be added to other information pertaining to this site. We will advise you of any further developments as they happen.

We appreciate your concern in this matter and again thank you for your cooperation.

Sincerely,

  
Patrick W. Lewis, Director  
Solid Waste Management

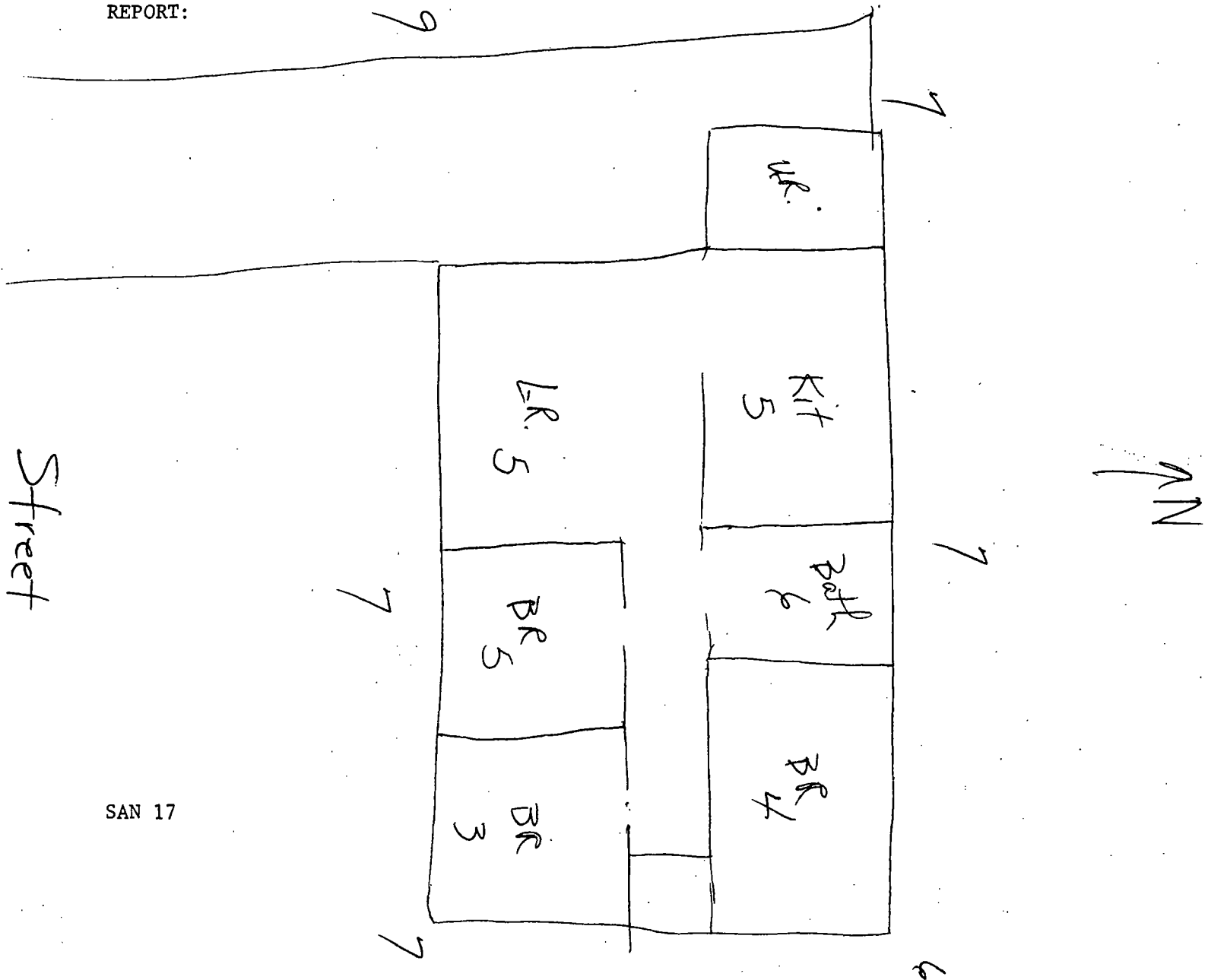
PWL/lit



POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON (b) (6) (Tele. (b) (6))  
TOWN VISITED Mulberry DATE 8/17/77  
OWNER OF PROPERTY (b) (6) PERSON SEEN Mrs. Grimes  
BY WHOM W. Hall & K. Moore TIME SPENT 20 min.  
REASON FOR VISIT Gamma Survey

REPORT:



POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON (b) (6)  
TOWN VISITED Lakeland DATE 9/4/77  
OWNER OF PROPERTY (b) (6) PERSON SEEN Doone  
BY WHOM W. Hall TIME SPENT 30 min.  
REASON FOR VISIT Gamma survey of fill

REPORT: EPA Ludlum # 3839 showed increase  
from 4-6  $\mu\text{R/hr}$  background (in other  
areas of yard) to 8-10  $\mu\text{R/hr}$  over fill.





Reubin O D Askew, Governor

# DISTRICT EIGHT POLK COUNTY HEALTH DEPARTMENT

WILLIAM F. HILL, JR., M.D.  
DIRECTOR

P.O. BOX 1480  
229 AVENUE D, N.W.  
WINTER HAVEN, FLORIDA  
33880

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

103 EAST CANAL STREET  
MULBERRY, FLORIDA 33860

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33801

P.O. BOX 33  
WAVERLY, FLORIDA 33877

2 NORTH REEDY BLVD.  
FROSTPROOF, FLORIDA 33843

243 E. LAKE AVENUE  
AUBURNDALE, FLORIDA 33823

October 10, 1977

Joe Luedee

(b) (6)

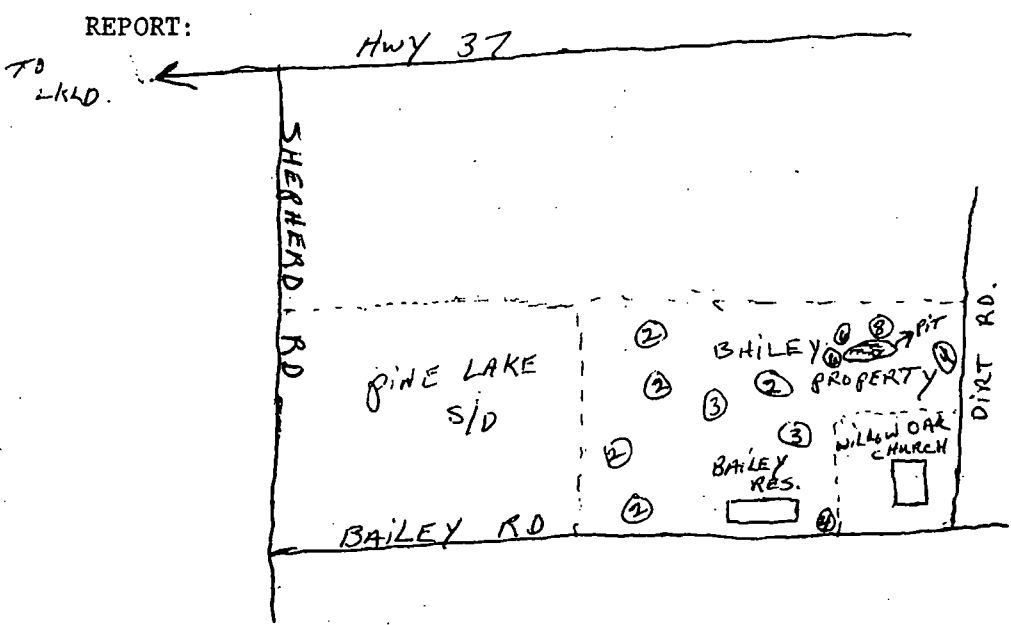
Dear Sir:

From tests done on the soil sample that you left at our office and on

Charles Bailey

POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON Charles Bailey Property  
TOWN VISITED Lakeland DATE 4-14-76  
OWNER OF PROPERTY (b) (6) PERSON SEEN Charles Bailey  
BY WHOM Lee Forgy TIME SPENT 45 min.  
REASON FOR VISIT make gamma survey of property



Charles Bailey  
Residence  
Telephone #  
(b) (6)

Charles Bailey Property Approx. (b) (6)

Land is mostly pasture used for grazing.

Readings 2, 3, 4 Micro R/hr over most of Area.

Only deviation in area of pit dug approx. 10 yrs. ago where reading were  $6 \pm 8$  micro R/hr.

According to Mr. Bailey there is phosphate at 12 feet.

SAN 17

Lee

FILE CODE RADON DATE 5-27-86

NAME MRS. CLYDE NORRIS PHONE (b) (6) ADDRESS (b) (6)

TYPE OF REQUEST Requests Radiation survey of home in  
Highland City Area. - off 540

CONDITIONS FOUND AND ACTION TAKEN Gamma Survey performed. Non-reclaim  
land - only background levels found - no pump  
deployed. (5-23-86)  
See below:

Inside

Fam Rm	6-7	mR/hr
Office	5	
Din Rm	7	
Kit	7	
patio	5-6	

Outside

Pool deck	-	5-6	mR/hr
Play Area	-	6-7	
Side	-	8	
Front	-	5-8	

INVESTIGATED BY Tom McNally DATE 5-27-86

RAD/9 Radiological Health Investigation and Complaint Card

Monday  
April 28, 1986

Dear Mr. Liley,

Please acknowledge my  
request for latitude search as  
per phone conversation today.

Thank you,

Mrs. Clyde Norris

(b) (6)



phone: (b) (6)  
home phone: (b) (6)  
(work)

#4633

Inside

Fun Rm 5-6

Office 4-5

Din Rm 6

K - 6

Patw 3-4

Outside

Back -

Pool deck 3-4

Play - 5-6

Side - 7

Art - 4-7

total (10)



FILE CODE RAD / Survey (b) (6) DATE 20 SEPT 82

NAME Mr Charles Fortner PHONE (b) (6) ADDRESS (b) (6)

TYPE OF REQUEST Gamma Survey; Imperial Lakes SD

CONDITIONS FOUND AND ACTION TAKEN Gamma survey performed

~ 2 mR/hr outside

~ 8.5 mR/hr indoors - possibly due to fill

Aspects of indoor Radon Problem discussed

INVESTIGATED BY

DATE

RAD/9 Radiological Health Investigation and Complaint Card

CARD LOCATION NO. CITY COUNTY STATE  
A 1 2 3 4 5 6 L K L D 7 8 9 10 P O I K 11 12 13 FL 14 15 16 17 18 19

09-20-82

ADDRESS

NUMBER (b) (6) DIR. (b) (6)  
20 21 22 23 24 (Last Name First - Initials for first and middle name-husband and wife)  
OCCUPANTS NAME F O R T W E R C H A R I E S  
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58  
(Last Name First - Initials for first and middle name-husband and wife)  
OWNERS NAME N / A  
59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76  
(OWNERS ADDRESS)

CLASSIFICATION

1  
77

0. Vacant Lot
1. Residence single family
2. Multiple (> 4 families)
3. Apartment (> 4)
4. Motel, hotel, or hospital
5. Single business (in one unit)
6. Multiple business unit (connected)
7. School
8. Church
9. Other

GAMMA SCREEN

1  
78

0. None
1. Completed
2. Occupant refusal
3. No - ask owner
4. Owner refusal
5. No one to contact
6. No bad address
7. Outside only
8. Special scheduling
9. Other

ANOMALY

RADIATION

0  
79

0. None
1. Under
2. Away
3. Under-Away
4. Possible
5. Unknown

GAMMA MAP

1  
80

0. None
1. Yes
2. Occupant-No
3. No ask owner
4. Owner-No
5. No one to se

CARD LOCATION NUMBER CITY COUNTY STATE  
B 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

LOCATION CODE Twmsp Range Section 1/4 Sec. Block Owner Number Lot  
16 17 18 19 20 21 22 224 25 26 27 28 29 30

HOG LOG HIG LOCATION HIG  
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

TYPE OF STRUCTURE NUMBER OF LEVELS MATERIAL A/C  
47 48 49 50  
1. Basement 1. Masonry 1. Yes  
2. Slab on grade 2. Non-masonry 2. No  
3. Crawl space  
4. Trailer  
5. Unknown  
0. Bedroom 46  
1. Living Room  
2. Kitchen  
3. Den-Family Room  
4. Dining Room  
5. Attached Garage  
6. Basement  
7. Work shop  
8. Other  
9. More than one locat

FREE PUNCH COMMENT  
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66  
67 68 69 70 71 72 73 74 75 76 77 78 79 80

PIT

6

4

4

4

4

5

5

GARG 8	Kit 8	Entry 10  Sink 9 Living Room	BA 9	Br 9 Br	
	Dine 8		Br 8	BA 8	Br 9

Lvdlm #



FILE CODE

Rad. Health - <sup>gamma survey</sup> gross alpha test

DATE

7/27/79

376 Census data sent  
of Lakeland Highlands

NAME (b) (6)

PHONE

Business  
533-3171

ADDRESS

Business - Citrus & Glen. Lane  
of Barton

TYPE OF REQUEST

Radiation survey of home and property,  
as well as, radiation check of well water used for  
drinking.

CONDITIONS FOUND AND ACTION TAKEN

Gamma survey of home & property.  
Inside 3-4  $\mu\text{r/hr}$  and outside 3-4  $\mu\text{r/hr}$ .  
Gross alpha analysis of water indicated .36  $\mu\text{Ci/l}$ .  
Called & discussed results with owner.

INVESTIGATED BY

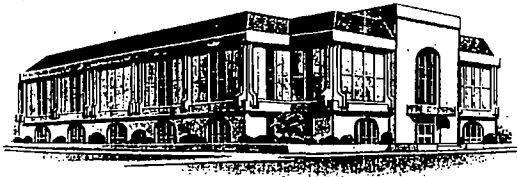
K. B. Moore

DATE

7/31/79

RAD/9

Radiological Health Investigation and Complaint Card



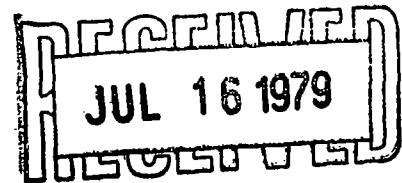
533-3171

## CITRUS & CHEMICAL BANK

BARTOW, FLORIDA 33830

DICK BUSING, VICE PRESIDENT

July 12, 1979



Polk County Health Department  
Radiological Health  
P.O. Box 1480  
Winter Haven, Florida 33880

Attention: Mr. Harland Keaton

Dear Mr. Keaton:

As per our telephone conversation of July 12, 1979, this is to authorize you to enter my property for the purpose of testing my well water and also my home for radiation.

I live on land with phosphate deposit on it and W.R. Grace is in the process of mining a large section of land adjoining my property. My well is 150 ft. deep. I do not know how far down the casing goes, therefore, there is a possibility the water is coming from the phosphate deposit area.

Thank you for your cooperation in this matter.

Sincerely,

*Dick Busing*  
Dick Busing

DB/fw

*Lakeland Highlands*

*37 B left*

*Crews Lk. Dr. Red H<sub>2</sub>O tank*

*paved rd. left East*

*2 blocks on right NUNN*

*South last has on right*

CARD LOCATION NO. CITY COUNTY STATE DATE FORM COMPLETED  
MONTH YEAR

A

1

2 3 4 5 6

7 8 9 10

11 12 13

14 15

16 17

18 19

ADDRESS

NUMBER

20 21 22 23 24

DIR.

25 26

NAME

27 28 29 30 31 32 33 34 35 36 37 38 39 40

(Last Name First - Initials for first and middle name-husband and wife)

OCCUPANTS  
NAME

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58

(Last Name First - Initials for first and middle name-husband and wife)

OWNERS  
NAME

59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

(OWNERS ADDRESS)

CLASSIFICATION

77

0. Vacant Lot
1. Residence single family
2. Multiple (> 4 families)
3. Apartment (> 4)
4. Motel, hotel, or hospital
5. Single business (in one unit)
6. Multiple business unit (connected)
7. School
8. Church
9. Other

GAMMA SCREEN

78

0. None
1. Completed
2. Occupant refusal
3. No - ask owner
4. Owner refusal
5. No one to contact
6. No bad address
7. Outside only
8. Special scheduling
9. Other

ANOMALY  
RADIATION

79

0. None
1. Under
2. Away
3. Under-Away
4. Possible
5. Unknown

GAMMA MAP

80

0. None
1. Yes
2. Occupant-No
3. No ask owner
4. Owner-No
5. No one to se

CARD

B

1

LOCATION NUMBER

2 3 4 5 6

CITY

7 8 9 10

COUNTY

11 12 13

STATE

14 15

LOCATION  
CODE

Twmsp Range

16 17 18 19

Section 1/4 Sec.

20 21 22

Block

224 25

Owner Number

26 27 28

Lot

29 30

HOG

31 32 33 34 35

LOG

36 37 38 39 40

HIG

41 42 43 44 45

LOCATION HIG

46

TYPE OF STRUCTURE

47

1. Basement
2. Slab on grade
3. Crawl space
4. Trailer
5. Unknown

NUMBER OF LEVELS

48

MATERIAL

49

1. Masonry
2. Non-masonry

A/C

50

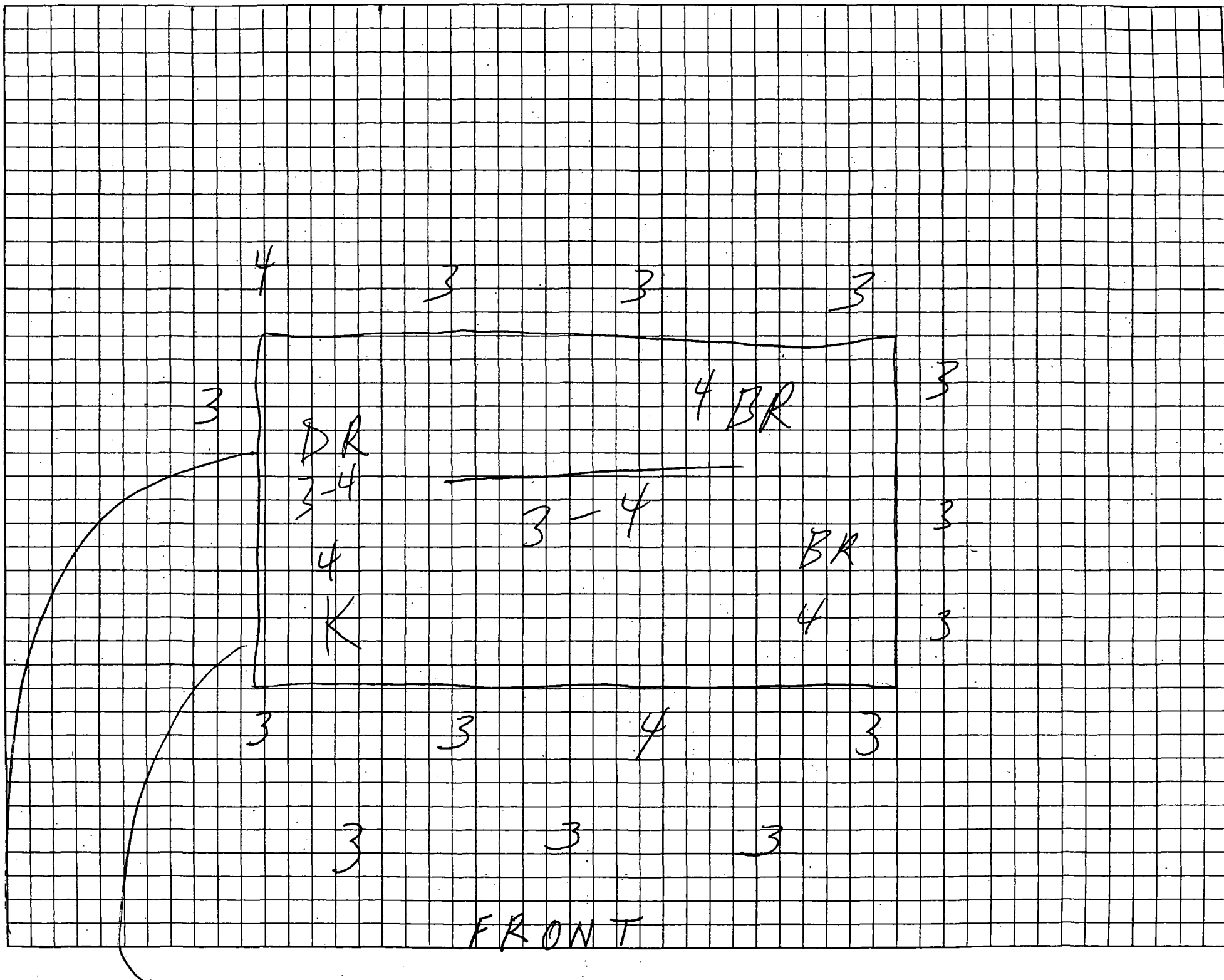
1. Yes
2. No

0. Bedroom
1. Living Room
2. Kitchen
3. Den-Family Room
4. Dining Room
5. Attached Garage
6. Basement
7. Work shop
8. Other
9. More than one locatio

FREE PUNCH COMMENT

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

67 68 69 70 71 72 73 74 75 76 77 78 79 80





DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES .....

STATE OF FLORIDA  
Bob Graham, Governor

# DISTRICT SIX POLK COUNTY PUBLIC HEALTH UNIT

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

G.A. REICH, M.D., M.P.H.  
DIRECTOR

229 AVENUE D, N.W.  
P.O. BOX 1480  
WINTER HAVEN, FLORIDA  
33882-1480

RADIOLOGICAL AND OCCUPATIONAL HEALTH SECTION  
813 294-7481 ext. 283

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33805

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

September 4, 1985

Keith Alexander

(b) (6)

RE: Gamma Survey, Lot (b) (6) Christina Woods

Dear Mr. Alexander:

As per your request a gamma survey was performed at Lot (b) (6) Christina Woods.  
Please be advised that the whole body gamma exposure rates measured ranged from

LOT (b) (6)

WY

CHRISTINA WOODS

PHASE 9

GOLDENROD  
CT.

All values in  
Micro-R/hr.

HAYTER RD.

12

14

14

16

OAK  
TREES

11

near

19

16

19

1

HOPE TO HEAR FROM YOU  
THE WEEK OF AUG. 26.

THANK YOU,  
KEITH ALEXANDER

KEITH ALEXANDER

(b) (6)

PARTIES: Ben W. Moore ("Seller"),  
 of \_\_\_\_\_ (Phone \_\_\_\_\_),  
 and Keith and Debra Alexander ("Buyer"),  
 of \_\_\_\_\_ (Phone \_\_\_\_\_).

hereby agree that the Seller shall sell and Buyer shall buy the following property ("Property") upon the following terms and conditions which INCLUDE the Standards For Real Estate Transactions set forth on the reverse side hereof or attached hereto ("Standard(s)").

I. DESCRIPTION:

(a) Legal description of Property located in Folk County, Florida:

Lot 387 Christina Woods Phase 9  
PB 72 Pgs 31 & 32

(b) Street address, if any, of the Property being conveyed is To Be Attached  
 (c) Personal property ("Personalty") included: \_\_\_\_\_

II. PURCHASE PRICE: \_\_\_\_\_

(b) (6)

PAYMENT:

(a) Deposit(s) to be held in escrow by Legal Real Estate \_\_\_\_\_  
 \_\_\_\_\_ in the amount of \_\_\_\_\_ \$ \_\_\_\_\_ (b) (6)

(b) Subject to AND assumption of Mortgage in favor of \_\_\_\_\_  
 \_\_\_\_\_ having an approximate present principal balance of \_\_\_\_\_ \$ \_\_\_\_\_



NOT RECOMMENDED BY THE FLORIDA ASSOCIATION OF REALTORS. Buyer may assign OR (2) may not assign, Contract.

X. TYPEWRITTEN OR HANDWRITTEN PROVISIONS: Typewritten or handwritten provisions inserted herein or attached hereto as addenda shall control all printed provisions of Contract in conflict therewith.

XI. INSULATION RIDER: If Contract is utilized for the sale of a new residence, the Insulation Rider shall be attached hereto and made part hereof.

XII. SPECIAL CLAUSES: (utilize space below)

THIS IS INTENDED TO BE A LEGALLY BINDING CONTRACT.  
IF NOT FULLY UNDERSTOOD, SEEK THE ADVICE OF AN ATTORNEY PRIOR TO SIGNING.

THIS FORM HAS BEEN APPROVED BY THE FLORIDA ASSOCIATION OF REALTORS AND THE FLORIDA BAR.

Approval does not constitute an opinion that any of the terms and conditions in this Contract should be accepted by the parties in a particular transaction. Terms and conditions should be negotiated based upon the respective interests, objectives and bargaining positions of all interested persons.

Copyright 1985 by The Florida Bar and the Florida Association of REALTORS, Inc.

Executed by Buyer on August 15, 1985

WITNESSES: (Two recommended but NOT required)

Patricia A. Cameron

✓ Keith Fletcher  
(Buyer)

✓ Debra Alexander  
(Buyer)

Executed by Seller on August 16, 1985

WITNESSES: (Two recommended but NOT required)

Beverly O. Page

Ben H. Moore  
(Seller)

(Seller)

Deposit(s) under Paragraph 11 received; if other than cash, then subject to clearance.

By: \_\_\_\_\_ (Escrow Agent)

BROKER'S FEE: (CHECK & COMPLETE THE ONE APPLICABLE)

## STANDARDS FOR REAL ESTATE TRANSACTIONS

**A. EVIDENCE OF TITLE:** (1) An abstract of title prepared or brought current by a reputable and existing abstract firm (if not existing then certified as correct by an existing firm) purporting to be an accurate synopsis of the instruments affecting title to the Property recorded in the public records of the county wherein the Property is located, through Effective Date and which shall commence with the earliest public records, or such later date as may be customary in the county. Seller shall convey a marketable title, subject only to liens, encumbrances, exceptions or qualifications set forth in this Contract and those which shall be discharged by Seller at or before closing. Marketable title shall be determined according to applicable Title Standards adopted by authority of The Florida Bar and in accordance with law. Upon closing of this transaction the abstract shall become the property of Buyer, subject to the right of retention thereof by first mortgagee until fully paid; or (2) a title insurance commitment issued by a Florida licensed title insurer agreeing to issue to Buyer, upon recording of the deed to Buyer, an owner's policy of title insurance in the amount of the purchase price, insuring Buyer's title to the Property, subject only to liens, encumbrances, exceptions or qualifications set forth in this Contract and those which shall be discharged by Seller at or before closing. Buyer shall have 30 days, if abstract, or 5 days, if title commitment, from date of receiving evidence of title to examine same. If title is found defective, Buyer shall within three (3) days thereafter, notify Seller in writing specifying defect(s). If said defect(s) render title unmarketable, as to item (1) hereinabove or uninsurable as to item (2), Seller will have 120 days from receipt of notice within which to remove said defect(s), and if Seller is unsuccessful in removing them within said time, Buyer shall have the option of either accepting the title as it then is, or demanding a refund of all monies paid hereunder which shall forthwith be returned to Buyer and thereupon Buyer and Seller shall be released, as to one another, of all further obligations under this Contract; however, Seller agrees that Seller will, if title is found to be unmarketable or uninsurable, use diligent effort to correct the defect(s) in title within the time provided therefor, including the bringing of necessary suits. If a title policy is being furnished, Buyer has the right to require the Seller to deliver an owner's marketability title policy provided Buyer pays any additional charges and makes request therefor within seven (7) days after Effective Date.

**B. PURCHASE MONEY MORTGAGE; SECURITY AGREEMENT; TO SELLER:** The purchase money note and mortgage, if any, shall provide for a 30 day grace period in the event of default if it is a first mortgage and a 15 day grace period if a second or lesser mortgage; shall provide for right of prepayment in whole or in part without penalty; shall not permit acceleration or interest adjustment in event of resale of the Property; and the mortgage, note and security agreement shall be otherwise in form and content required by Seller's attorney; provided, however, Seller may only require clauses customarily found in mortgages, mortgage notes, and security agreements generally utilized by savings and loan institutions, or state or national banks located in the county wherein the Property is located. The mortgage shall require all prior liens and encumbrances to be kept in good standing and forbid modifications of or future advances under prior mortgage(s). All Personalty being conveyed will, at option of Seller, be subject to the lien of a security agreement and evidenced by recorded financing statements.

**C. SURVEY:** Buyer, at Buyer's expense, within time allowed for delivery of evidence of title and examination thereof, may have the Property surveyed and certified by a registered Florida surveyor. If the survey shows any encroachment on the Property or that improvements intended to be located on the Property in fact encroach on setback lines, easements, lands of others, or violate any restrictions, Contract covenants or applicable governmental regulations, the same shall be treated as a title defect.

**D. TERMITES:** Buyer, at Buyer's expense, within time allowed to deliver evidence of title and examination thereof, may have the Property inspected by a Florida Certified Pest Control Operator to determine whether there is any visible active termite infestation or visible existing damage from termite infestation in the improvements. If Buyer is informed of either or both of the foregoing, Buyer will have four (4) days from date of written notice thereof or two (2) days after

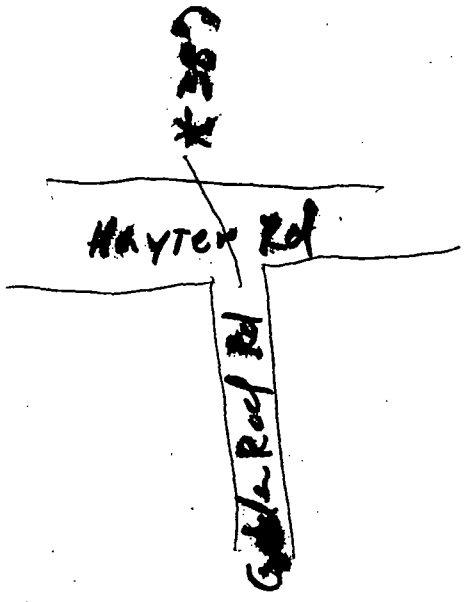
however, if there are completed improvements on the Property by January 1st of year of closing, which improvements were not in existence on January 1st of the prior year, then taxes shall be prorated based upon the prior year's millage and at an equitable assessment to be agreed upon between the parties, failing which, request will be made to the County Property Appraiser for an informal assessment taking into consideration homestead exemption, if any. However, any tax proration based on an estimate may at request of either Buyer or Seller be subsequently readjusted upon receipt of tax bill on condition that a statement to that effect is set forth in the closing statement.

M. SPECIAL ASSESSMENT LIENS: Certified, confirmed and ratified special assessment liens as of date of closing (and not as of Effective Date) are to be paid by Seller. Pending liens as of date of closing shall be assumed by Buyer, provided, however, that if the improvement has been substantially completed as of Effective Date, such pending lien shall be considered as certified, confirmed or ratified and Seller shall, at closing, be charged an amount equal to the last estimate by the public body of assessment for the improvement.

N. INSPECTION; REPAIR AND MAINTENANCE: Seller represents that, as of ten (10) days prior to closing, the roof, (including the fascia and soffits), and walls do not have any visible evidence of leaks or damage and that the septic tank, pool, all major appliances, heating, cooling, electrical, plumbing systems and machinery are in working condition. Buyer may, at Buyer's expense, have inspection made of said items by an appropriately licensed person dealing in the construction, repair and maintenance thereof and shall report in writing to Seller such items that do not meet the above representations, together with the cost of correcting same, prior to occupancy or not less than ten (10) days prior to closing, whichever occurs first. Unless Buyer reports such deficiencies within said period Buyer shall be deemed to have waived Seller's representations as to deficiencies not reported. In the event repairs or replacements are required, Seller shall pay up to 3% of the purchase price for such repairs or replacements by an appropriately licensed person. However, if the cost for such repairs or replacements exceed 3% of the purchase price, Buyer or Seller may elect to pay such excess, failing which either party may cancel this Contract. In the event Seller is unable to correct the deficiencies prior to closing, the cost thereof shall be paid into escrow at closing. Seller agrees to provide utilities service for inspections upon reasonable notice. Between the Effective Date and the closing, Seller shall maintain the Property and Personalty including but not limited to the lawn and shrubbery, in the condition herein represented, ordinary wear and tear excepted. Buyer shall be permitted access for inspection of the Property prior to closing in order to confirm compliance with the foregoing.

O. RISK OF LOSS: If the improvements are damaged, by fire or other casualty prior to closing, and costs of restoring same do not exceed 3% of the assessed valuation of the improvements so damaged, cost of restoration shall be an obligation of the Seller and closing shall proceed pursuant to the terms of Contract with cost therefor escrowed at closing. In the event the cost of repair or restoration exceeds 3% of the assessed valuation of the improvements so damaged, Buyer shall have the option of either taking the Property as is, together with either the said 3% or any insurance proceeds payable by virtue of such loss or damage, or of cancelling Contract and receiving return of deposit(s) made hereunder.

P. PROCEEDS OF SALE; CLOSING PROCEDURE: The deed shall be recorded upon clearance of funds and evidence of title continuing at Buyer's expense, to show title in Buyer, without any encumbrances or change which would render Seller's title unmarketable from the date of the last evidence, and the proceeds of the sale shall be held in escrow by Seller's attorney or by such other escrow agent as may be mutually agreed upon for a period of not longer than five (5) days from and after closing date. If Seller's title is rendered unmarketable, Buyer shall within said five (5) day period, notify Seller in writing of the defect and Seller shall have 30 days from date of receipt of such notification to cure said defect. In the event Seller fails to timely cure said defect, all monies paid hereunder shall, upon written demand therefor and within five (5) days thereafter, be returned to Buyer and, simultaneously with such repayment, Buyer shall vacate the Property and reconvey same to the Seller by special warranty deed and return the Personalty. In the event Buyer fails to make timely demand for refund, Buyer shall take title as is, waiving all rights against Seller as to such intervening defect except as may be available to Buyer by virtue of warranties, if any, contained in the deed. In the event a portion of the purchase price is to be derived from institutional financing or refinancing, the requirements of the lending institution as to place, time and manner of payment shall control, notwithstanding anything in this Contract to the contrary notwithstanding. Provided,



Dan Hayter Dr

Across Street from entrance to  
Golden Rod  
Across Street



Pipe Shop



DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES . . . . . STATE OF FLORIDA  
Bob Graham, Governor

## DISTRICT EIGHT

FLORIDA DEPARTMENT OF HEALTH

WILLIAM F. HILL, JR., M.D.  
DIRECTOR

P.O. BOX 1480  
229 AVENUE D, N.W.  
WINTER HAVEN, FLORIDA

33880  
OFFICE OF RADIATION CONTROL  
813 294-7481 ext 283

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33801

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

February 21, 1984

Frank S. Jackson  
Safety Manager  
Citrus World  
P. O. Box 1111  
Lake Wales, Fl 33853

Dear Mr. Jackson:

POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON A.W. Phillips (b) (6)  
 TOWN VISITED Lakeland DATE 13 AUG 76  
 OWNER OF PROPERTY (b) (6) PERSON SEEN Same  
 BY WHOM Norman M Gilley TIME SPENT 2 hr  
 REASON FOR VISIT Request by Don Gutrie "Concerned Citizen"

REPORT:

J. W. Wall, K. B. Moore and I went to the Phillips Residence as requested, for a meeting with Mr. Phillips about the Radon study being done in the S/D that he lives. He had many questions to ask primarily about how the study affects property values, personal safety and future possibilities. On each of the preceding items, we discussed with him the recommended 10 uR/hr limits as by the EPA. After a quick gamma map of his home and his viewing that the inside gamma was approx 9 uR/hr with an EPA Ludlum, Mr Phillips became more relaxed and eased about the study. Time spent approx 1 hour

Phone Slip Attached

# MEMORANDUM OF CALL WHILE YOU WERE OUT

TO Mike

DATE 8-13-76 TIME 11:56

☒ YOU WERE CALLED BY ☐ YOU WERE VISITED BY

MR. Duthie for A.W. Phillips

OF let (b) (6)

PLEASE CALL	WISHES AN APPOINTMENT
WILL CALL AGAIN	WAITING TO SEE YOU
RETURNING YOUR CALL	RUSH

LEFT THIS PHONE NUMBER (b) (6)

LEFT THIS MESSAGE go to his home - you need to explain

that there is no immediate problem.

There is a house just like his under

survey. Also do a gamma

survey. He talked to Sam last

night and is upset over

RECEIVED BY the radiation study

A-24

E Bobbie

FLORIDA ENVIRONMENTAL RADIATION DATA FILE  
HOME SURVEY AND QUESTIONNAIRE

MEASURE-  
MENT  
TYPE

H  
1

SAMPLE  
TYPE

X  
2

COUNTY

53  
3 4

YEAR

77  
5 6

MONTH

12  
7 8

DAY

08  
9 1

24-HOUR TIME

1020  
1 2 3 4

RECORD 1.  
NUMBER

TOWNSHIP

29S  
5 6 7

RANGE

23E  
8 9 2  
0

SECTION

13  
1 2

PART OF  
SECTION

SE  
3 4

LAND  
CLASS

R  
5

LAND  
USE

R  
6

SOIL-COMPOSITION  
SURFACE

0  
7 8 9

SUB-SURFACE

0  
3 1 2  
0

INSTRUMENT  
TYPE

SG  
3 4  
3

COMMENTS: ADDRESS, DIRECTIONS, ETC.

6134 (b) (6)  
5 6 7 8 9 4 1 2 3 4 5 6 7 8 9 5 1 2 3 4 5  
0 0

(b) (6)

8136442977  
7 1 2 3 4 5 6 7 8 9 8  
0 0

LOCATION  
NUMBER

7404  
8 2 3 4 5  
1

OCCUPANTS NAME

FAIRCHILD, GARY  
6 7 8 9 9 1 2 3 4 5 6 7 8 9 1  
0

STRUCTURE STURCTURE  
CLASS TYPE

1 2  
1 1  
0 0  
1 2

NUMBER  
OF LEVELS

01  
1 1  
0 0  
3 4

CONSTRUCTION  
MATERIAL

1  
1  
0  
5

A/C

1  
1  
0  
6

A/C  
USAGE

1 90%  
1  
0  
7

A/C  
FRESH  
AIR CYCLE

3  
1  
0  
8

GAMMA  
MAP

1  
1  
0  
9

LOG

14  
1 1 1 1 1  
1 1 1 1 1  
0 1 2 3 4

MOG

18  
1 1 1 1 1  
1 1 1 1 1  
5 6 7 8 9

HOG

22  
1 1 1 1 1  
2 2 2 2 2  
0 1 2 3 4

LOCATION  
OF HIG

LIG

6  
1 1 1 1 1  
2 2 2 2 2  
5 6 7 8 9

MIG

9  
1 1 1 1 1  
3 3 3 3 3  
0 1 2 3 4

HIG

10  
1 1 1 1 1  
3 3 3 3 3  
5 6 7 8 9

7

TRACK-ETCH

BADGE NUMBERS

1 1 1 1 1  
4 4 4 4 4  
1 2 3 4 5

1 1 1 1 1  
4 4 4 4 5  
6 7 8 9 0

LUDLUM SER. NUMBER

3829  
1 1 1 1 1  
5 5 5 5 5  
1 2 3 4 5

TLD NUMBER

1 1 1 1 1  
5 5 5 5 6  
6 7 8 9 0



## Location File

**State**

7	1	4	0	4
1	2	3	4	5


5	6	7	8	9
---	---	---	---	---

1	0	5
11	12	13

1	2
15	16

**Address**

**Street**

 (b) (6)  
18 19 20 21 22

(b) (6)

Occupant

A

F	A	I	R	C	H	I	L	D			G	A	R	Y			
40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57

## Data File (CARD A)

**GF**  
**Gamma**

## Outdoor Gamma

7	1	4	0	4
1	2	3	4	5

		9
7	8	9

11	12	13

## Classification

## Type Structure

No. of Levels

## Material

## Air Conditioning

27

29

31

33

35

0. Vacant Lot
1. Residence single family
2. Multiple (4 families)
3. Apartment (>4)
4. Motel, hotel
5. Single business
6. Multiple business
7. School
8. Church
9. Other

1. Basement
2. Slabongrade
3. Crawlspace
4. Trailer
5. Unknown

1. Masonry
2. Non-masonry

1. Yes  
2. No

90%  
Usage  
TRY

**Date**

**Card Code**

Yr Mo Day

7	7	1	2	0	8
37	38	39	40	41	42

O	R	I	G
77	78	79	80



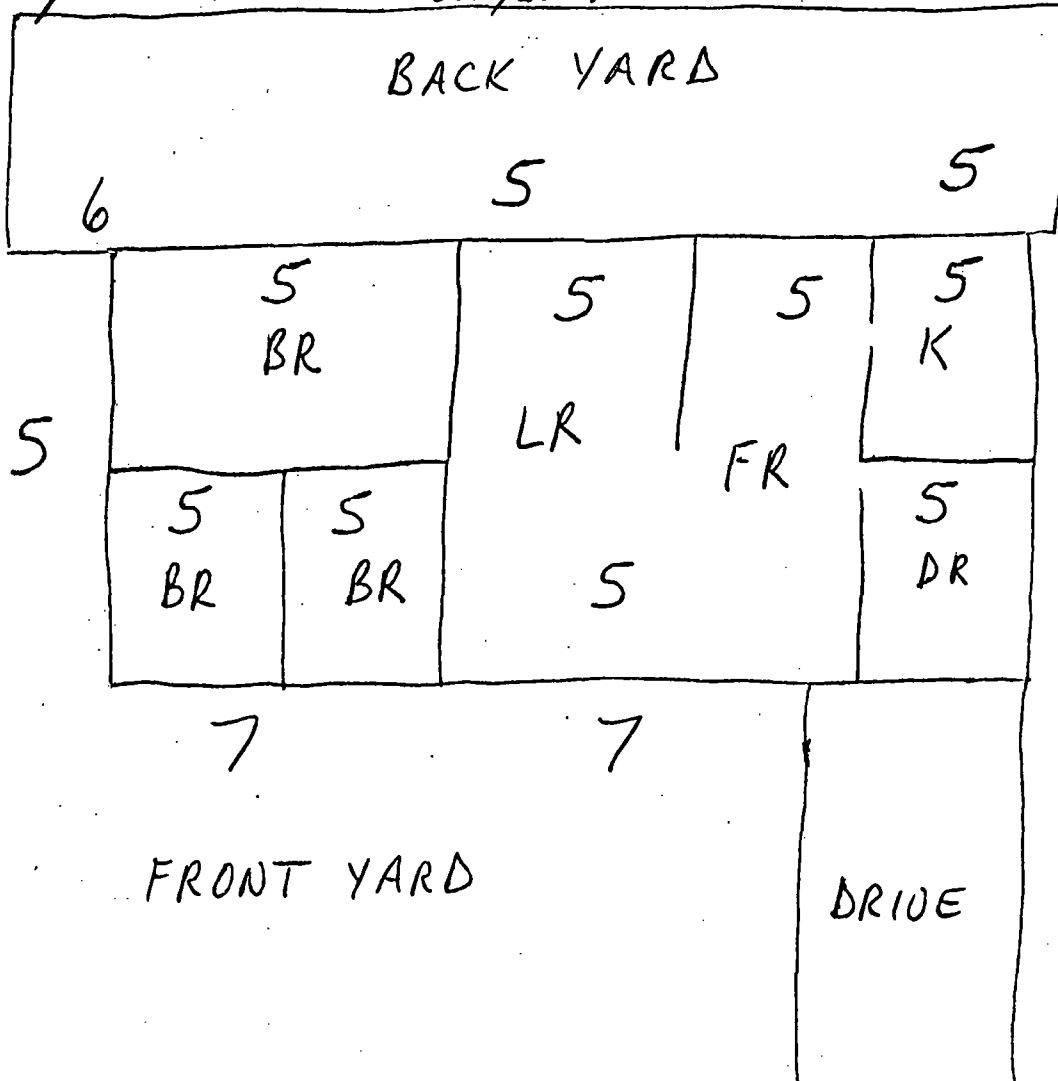
POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON (b) (6)  
 TOWN VISITED Lkld. DATE 7/2/77  
 OWNER OF PROPERTY (b) (6) PERSON SEEN (b) (6)  
 BY WHOM K. B. Moore TIME SPENT 15 mins.  
 REASON FOR VISIT (b) (6)

*had for house up for sale. The prospective buyer requested a radiation survey of the property.*

REPORT:

*Readings done with a 12-5 Ludlum # 3644  
 all readings recorded in ur/bk.*





# Wanda Wilson Realty, Inc.

NMLS • WE CAN HELP YOU BUY OR SELL A HOME ANYPLACE IN THE NATION • LMLS

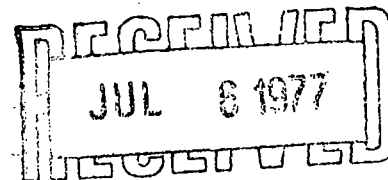


2001 BARTOW HIGHWAY

LAKELAND, FLORIDA 33801

PHONE 813/688-7047

July 5, 1977



Mr. Harlan Keaton

(b) (6)

Dear Mr. Keaton:

This is to confirm Ruth Sisson's telephone conversation of today. We would like for you to please check our home for radiation as the new buyer has requested this be done as soon as possible. Please send a copy of this report to (b) (6) (b) (6) of (b) (6) as he is the new buyer.

Our address is (b) (6)

(b) (6)

Sincerely,

*Paulette A. Humble*

Paulette A. Humble  
Homeowner

PAH:ps

Wanda Wilson Realty, Inc.  
2001 Barton Hwy  
Lkld., Tx. 78001  
attn: Ruth Lison

Gentlemen:

We were requested by ~~the present owner~~  
~~of the property~~ (b) (6), owner of <sup>the</sup> property  
at (b) (6)

to perform a radiation check at her home. This  
request was prompted by the (b) (6)  
Mr. Hubert Bryant, Sr.

The gamma survey of the above property  
shows that the radiation levels at this site  
average well below the 10 mR/hr level  
designated by the U.S. EPA as the limiting  
factor for homes under construction or reclaimed  
phosphate land.

P.S. A copy of this letter  
has been sent to Mr. Bryant, Sr.

Sir,

KBM

Mr. Hubert Bryant, Sr.

(b) (6)

POLK COUNTY HEALTH DEPARTMENT

FIELD REPORT ON Walter A. Legan - (b) (6)  
TOWN VISITED Lakeland DATE April 12, 1977  
OWNER OF PROPERTY \_\_\_\_\_ PERSON SEEN Walter A. Legan  
BY WHOM Norman M. Gilley TIME SPENT 2½ hours  
REASON FOR VISIT Inquiry on radon study at his home

REPORT:

Mr. Legan came to this office to inquire about the current findings concerning the Florida radon study, and how they apply to his new home. He had in his possession, all of the publication of the EPA concerning this study and questioned many findings. Approximately one hour was spent in this office answering these questions.

Mr. Legan asked of this office if the possibility existed that he could get a gamma survey of his home. Since he did not own the home as of April 12, 1977, we advised him on how to utilize the Ludlum 12S instrument and let him do the survey. I accompanied Mr. Legan to the (b) (6) site, to watch him do the survey. Gamma levels were found to be 4-7 uR/hr.

Mr. Legan asked if we could demonstrate a higher gamma value for reclaimed land. A short trip to Executive Estates was made. A survey of the vacant lot to the west of the 6022 Ridge Drive EPA test home gave to Mr. Legan gamma levels of 30 to 40 uR/hr. At this point, Mr. Legan was advised that no strict correlation between gamma levels and working levels has been formulated, only guidelines have been set.

Moving on to the intersection of State Road 540 and State Road 37B and traveling south on 37B ¼ mile, a third stop was made. Mr. Legan was shown levels of gamma reading of 4 to 6 uR/hr in a grove to the west side of the road. After this demonstration, Mr. Legan, having made comparison with the other two demonstrations, thanked this office for its assistance in his inquiry as to the hazard (radon) in the home at (b) (6)

*nmg*

FILE CODE Gamma SURVEY

DATE 11/20/85

LAKELAND

NAME DR. JORGE GONZALEZ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

(b) (6)

TYPE OF REQUEST \_\_\_\_\_

Requests & survey of lot they are planning to buy

CONDITIONS FOUND AND ACTION TAKEN Surveyed lot on 11/20/85 - met

Mrs. Gonzalez there - also present were MR. DOREMUS  
& employees of BROMWELL & CARRIER. (they will take some  
CORE SAMPLES FOR STRATA-ANALYSIS.

X & value = 11 mR/hr (CORRECTED VALUE)

INVESTIGATED BY Tom McNally DATE 11/20/85

RAD/9 Radiological Health Investigation and Complaint Card

4437

14-11  
11-11  
20-18

DATE REMARKS ON FOLLOW-UP VISITS INITIAL

99	1212	78	78	56
1010	1414	1212	78	56
1010	2119	1010	89	67
1818	2018	1010	99	67
1514	2214	1414	99	67
1111	1716	1414	78	67
1212	1111	1515	67	78
99	1716	1816	67	67
67	99	1111	67	67

CHEVERLY DR.





DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STATE OF FLORIDA  
Bob Graham, Governor

# DISTRICT SIX POLK COUNTY PUBLIC HEALTH UNIT

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

G.A. REICH, M.D., M.P.H.  
DIRECTOR

229 AVENUE D, N.W.  
P.O. BOX 1480  
WINTER HAVEN, FLORIDA  
33882-1480

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33805

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

Dr. Jorge L. Gonzalez, M.D.  
Watson Clinic  
1600 Lakeland Hills Blvd.  
Lakeland, Fla. 33805

Dear Dr. Gonzalez,

Enclosed is a copy of the gamma survey performed on Lot #23 of Stonegate S/D as per your request. Please note that the gamma readings ranged from 5 to 19 micro-Roentgens per hour (uR/hr).

# STONEGATE LOT # 23

(all values in micro-R per hour.)

9	12	8	8	6
	14	12	8	
10		*		6
	19	10	9	
16		10		7
	18	*	9	
		10		
14	19	14	9	7

1027 CHEVERLY DR.



# WATSON CLINIC

1600 LAKELAND HILLS BOULEVARD

LAKELAND, FLORIDA 33805

(813) 687-4000

November 14, 1985

Mr. Mike Gilley  
Radiological Health Section  
Polk County Health Department  
P.O. Box 1480  
Winter Haven, Florida 33880

Dear Mr. Gilley:

I would like to request a gamma survey on a lot that we plan to purchase and build a home on. The current owners, (b) (6) of Lakeland, have given verbal approval for this survey to be done.

The property is located in (b) (6)  
Drive immediately west of a house with street number 1040 Mr. wife Leah

DISTRICT SIX  
POLK COUNTY PUBLIC HEALTH UNIT

## DIRECT SERVICE UNITS

1755 HOLLAND PKWY SOUTH  
BARTOW, FLORIDA 33830111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844G.A. REICH, M.D. M.P.H.  
DIRECTOR229 AVENUE D, N.W.  
P.O. BOX 1480  
WINTER HAVEN, FLORIDA  
33882-1480

## DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33805305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

May 14, 1986

Beverly O. Page  
Regal Real Estate  
201 Christina Boulevard  
Lakeland, Florida 33803

Dear Ms. Page:

As per your written request, a gamma survey was performed on ~~Lot 20 of Cheeverly~~  
~~Drive, Lakeland~~

The average whole body gamma exposure level was 8 microRoentgens per hour (uR/hr) with a range of 7 to 9. These levels are indicative of reclaimed or phosphate mineralized land. The average background gamma exposure level in Central Florida is between 4 and 6 uR/hr.

As we have previously discussed, the gamma measurements may not be used to adequately predict the resultant Radon Working Level (WL) concentrations within a home built on any lands.

From the 1978 Study of Radon Daughter Concentrations in Structures in Polk and Hillsborough Counties, when one compares the mean outside gamma exposure levels the possibility of the Radon daughter concentration exceeding the Florida standard of 0.020 WL does exist at the 8 uR/hr level.

As per my discussion with Dr. Rauschkolb, the usage of the improved monolithic slab as specified by the Florida Statutes should allow one to build a home on these types of lands with having a Radon WL below the 0.020 WL requirement.

Beverly O. Page  
May 14, 1986  
Page 2

Please contact this office, if we may be of further assistance.

Sincerely,

A handwritten signature in cursive script, reading "Norman M. Gilley". The signature is written in dark ink and is positioned above the printed name and title.

Norman M. Gilley  
Public Health Physicist Supervisor

CC/file



Real Estate, REALTOR®

Member M L S Member **RELO** National Relocation Service

May 6, 1986

Mr. Norman M. Gilley  
229 Avenue D. NW  
P.O. Box 1480  
Winter Haven, Florida 33882-1480

Dear Mr. Gilley:

Dr. Edward Rauschkolb has requested that you check the gamma exposure levels on the lot he is purchasing in (b) (6).

The contract to purchase is contingent upon such testing and has been signed by the seller.

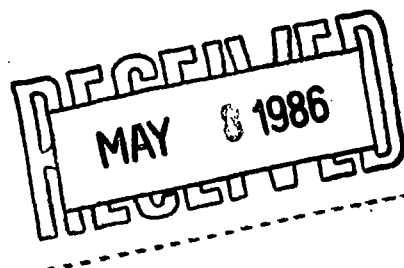
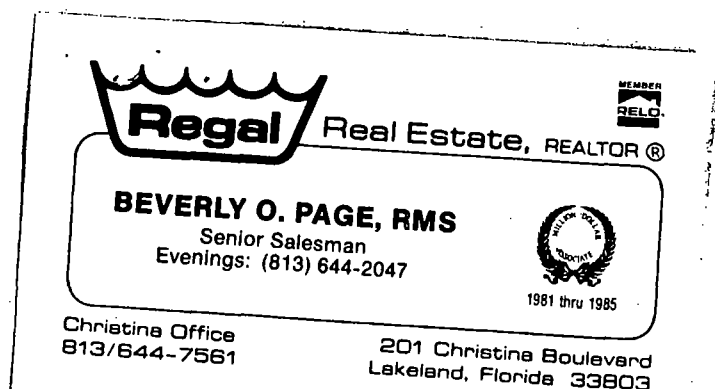
Please call if I can be of assistance.

The lot is located on (b) (6). Please see attached plat.

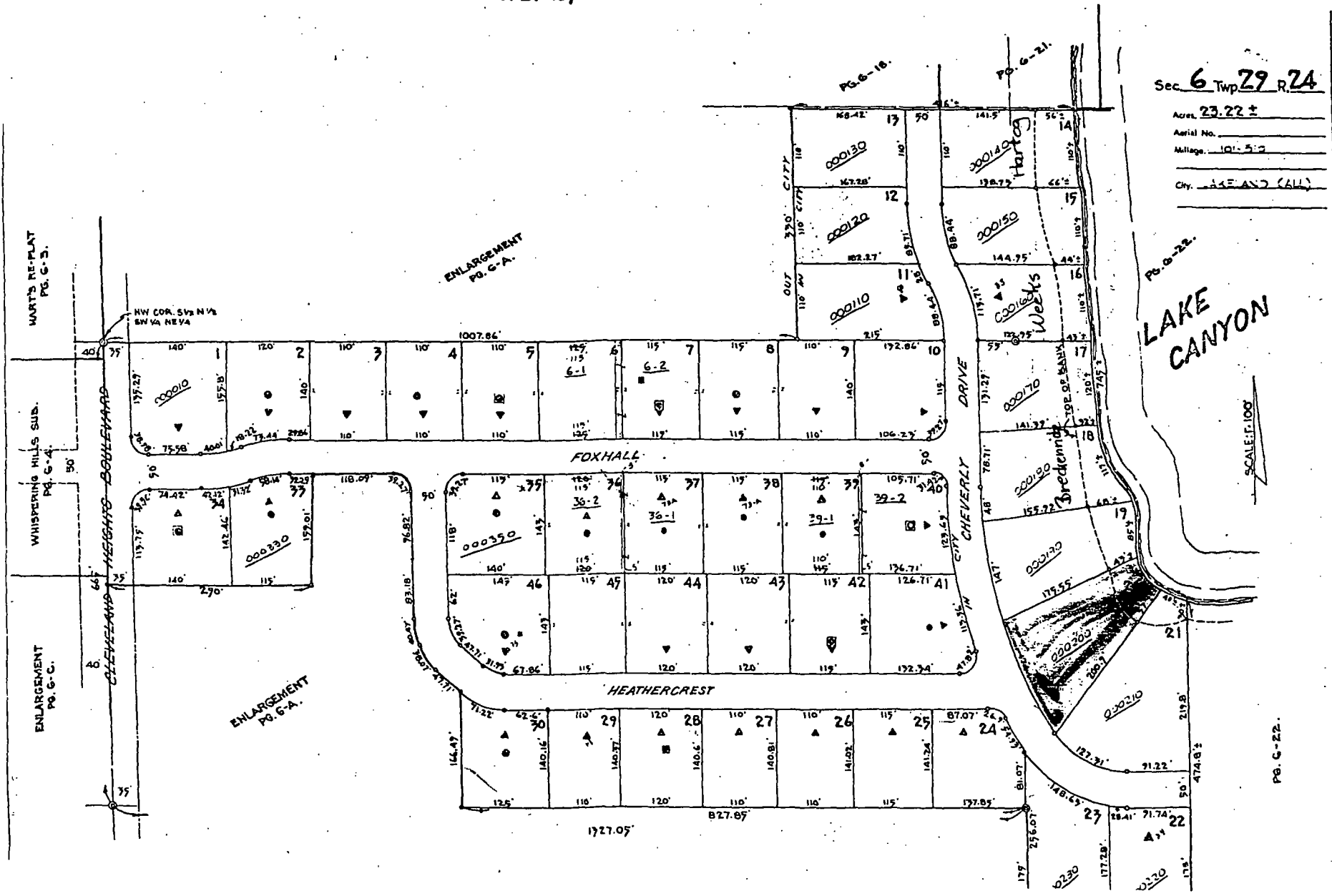
Thank you for your assistance.

Beverly O. Page  
Regal Real Estate

/mah



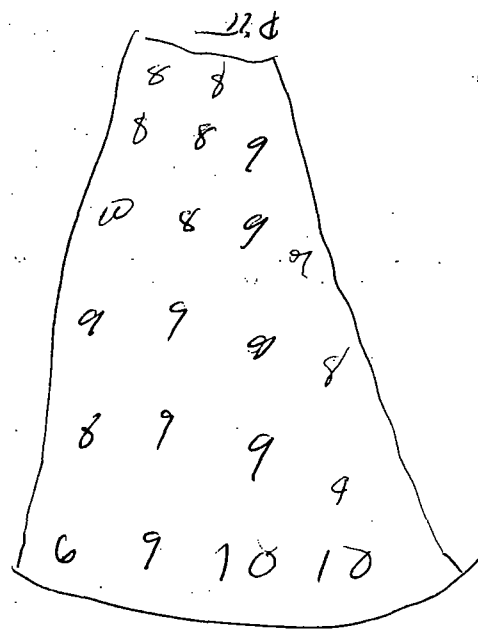
P.B. 49, P.G. 24.



Sec. 6 Twp. 29 R. 24

Acres 23.22 ±  
 Aerial No. \_\_\_\_\_  
 Mollage 101-5-5  
 City 345 AND (ALL)

P.G. 6-22.

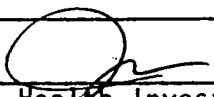




FILE CODE Cheverly Dr. (Lot 16), Lkd. DATE 9/29/81  
NAME Weeks, Sue PHONE \_\_\_\_\_ ADDRESS (b) (6)  
TYPE OF REQUEST Radiation survey.

CONDITIONS FOUND AND ACTION TAKEN: 9/29 - Gamma survey done with  
Ludlum # 7152. Corrected to PIC, the resulting average  
was 7  $\mu$ R/hr.

A letter, (see attached copy) sent to Mrs Weeks.

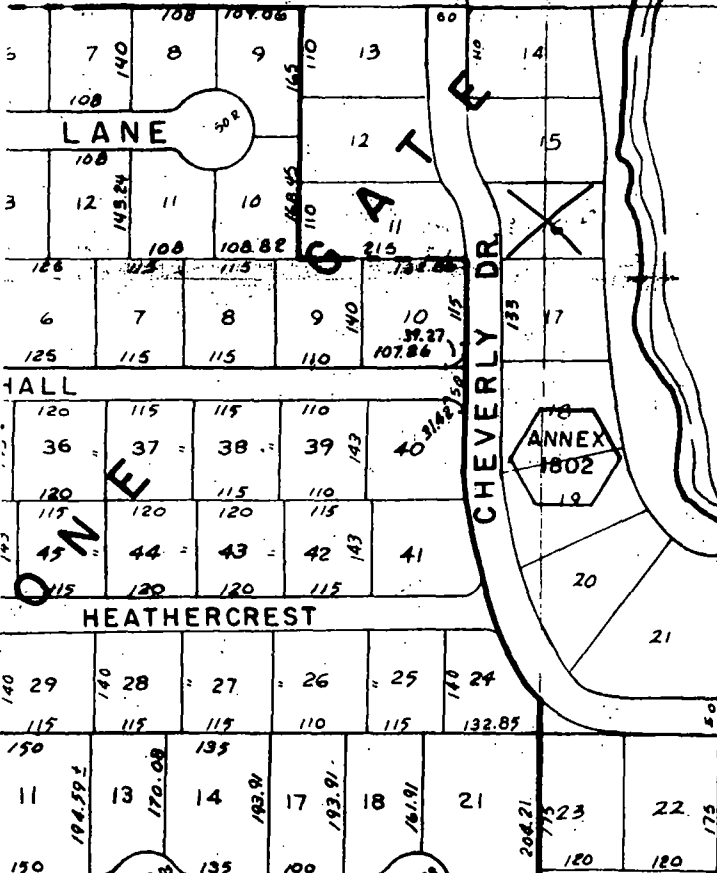
INVESTIGATED BY  DATE 9/29/81  
RAD/9 Radiological Health Investigation and Complaint Card

EXTENSION

WOODS  
LIMITS

E2  
CLUSTER HOMES  
L.U.I. 4.0

ROLLING  
PORATE  
E1  
SINGLE FAMILY  
L.U.I. 3.1



E  
SINGLE FAMILY  
L.U.I. 3.0

ANNEX  
1802

HEATHERCREST

A  
SINGLE FAMILY  
L.U.I. 3.0

CORPORATE  
COUNTY

(b) (6)

September 25, 1981

Mr. Harlan Keaton  
Polk County Health Department  
Post Office Box 1480  
Winter Haven, Florida 33880

Dear Mr. Keaton:

Referring to our telephone conversation yesterday, the enclosed map should direct you to our lot in (b) (6) for a radiation check.

Assuming you do not need the complete legal description, which is quite lengthy, the map should suffice. To be more specific, the lot is between (b) (6)

(b) (6)

We actually own both lots (b) (6) and (b) (6) but plan to build on lot (b) (6). I am afraid the stakes have been removed, but a sample taken in the general area should give us a good idea. Our lot is directly across from the (b) (6)  
(b) (6)

We will be looking forward to hearing from you with your report. Many thanks!

Sincerely,

*Sue Weeks*

Sue Weeks

*P.S. This lot is in Lakeland!*



DISTRICT EIGHT

POLK COUNTY HEALTH DEPARTMENT

WILLIAM F. HILL, JR., M.D.  
DIRECTOR

P.O. BOX 1480  
229 AVENUE D, N.W.  
WINTER HAVEN, FLORIDA  
33880

Radiological & Occupational Health  
P.O. Box 1480  
225 Avenue 'D', N.E.  
Winter Haven, Florida 33880

DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

103 EAST CANAL STREET  
MULBERRY, FLORIDA 33860

DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33801

P.O. BOX 33  
WAVERLY, FLORIDA 33877

2 NORTH REEDY BLVD.  
FROSTPROOF, FLORIDA 33843

243 E. LAKE AVENUE  
AUBURNDALE, FLORIDA 33823

September 30, 1981

Sue Weeks

(b) (6)

Dear Ms. Weeks:

A gamma survey was done on your property (lots 16 and 17) on (b) (6). The resulting average reading was 7 uR/hr. This is slightly above background level but is not high enough to warrant any special considerations in building your home.

Please contact us if we can be of further assistance.

Sincerely,

Wesley Nail  
Public Health Physicist I

FILE CODE RAD HEALTH - GAMMA SURVEY DATE 6/18/79

NAME R.D. McGraw PHONE (b) (6) ADDRESS 2 (b) (6)

TYPE OF REQUEST needs home check

CONDITIONS FOUND AND ACTION TAKEN DID GAMMA SURVEY IN YOUT.  
AUG OUT - 7.7 uR/hr . AUG IN - 6 uR/hr  
EXPLAINED READINGS TO OWNER. NO RIPSU  
INSTALLED

INVESTIGATED BY KBM DATE 6/20/79  
RAD/9 Radiological Health Investigation and Complaint Card

CARD LOCATION NO. CITY COUNTY STATE DATE FORM COMPLETED  
 MONTH YEAR  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

ADDRESS

NUMBER

(b) (6)

DIR.

NAME

(b) (6)

20 21 22 23 24 (Last Name First - Initials for first and middle name-husband and wife)

OCCUPANTS  
NAME

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58

(Last Name First - Initials for first and middle name-husband and wife)

OWNERS  
NAME

59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

(OWNERS ADDRESS)

CLASSIFICATION

77

0. Vacant Lot
1. Residence single family
2. Multiple (> 4 families)
3. Apartment (> 4)
4. Motel, hotel, or hospital
5. Single business (in one unit)
6. Multiple business unit (connected)
7. School
8. Church
9. Other

GAMMA SCREEN

78

0. None
1. Completed
2. Occupant refusal
3. No - ask owner
4. Owner refusal
5. No one to contact
6. No bad address
7. Outside only
8. Special scheduling
9. Other

ANOMALY  
RADIATION

79

0. None
1. Under
2. Away
3. Under-Away
4. Possible
5. Unknown

GAMMA MAP

80

0. None
1. Yes
2. Occupant-No
3. No ask owner
4. Owner-No
5. No one to se

CARD

8

LOCATION NUMBER

2 3 4 5 6

CITY

7 8 9 10

COUNTY

11 12 13

STATE

14 15

LOCATION  
CODE

Twmsp Range

16 17 18 19

Section 1/4 Sec.

20 21 22

Block

224 25

Owner Number

26 27 28

Lot

29 30

HOG

31 32 33 34 35

LOG

36 37 38 39 40

HIG

41 42 43 44 45

LOCATION HIG

46

TYPE OF STRUCTURE

47

1. Basement
2. Slab on grade
3. Crawl space
4. Trailer
5. Unknown

NUMBER OF LEVELS

48

MATERIAL

49

1. Masonry
2. Non-masonry

A/C

50

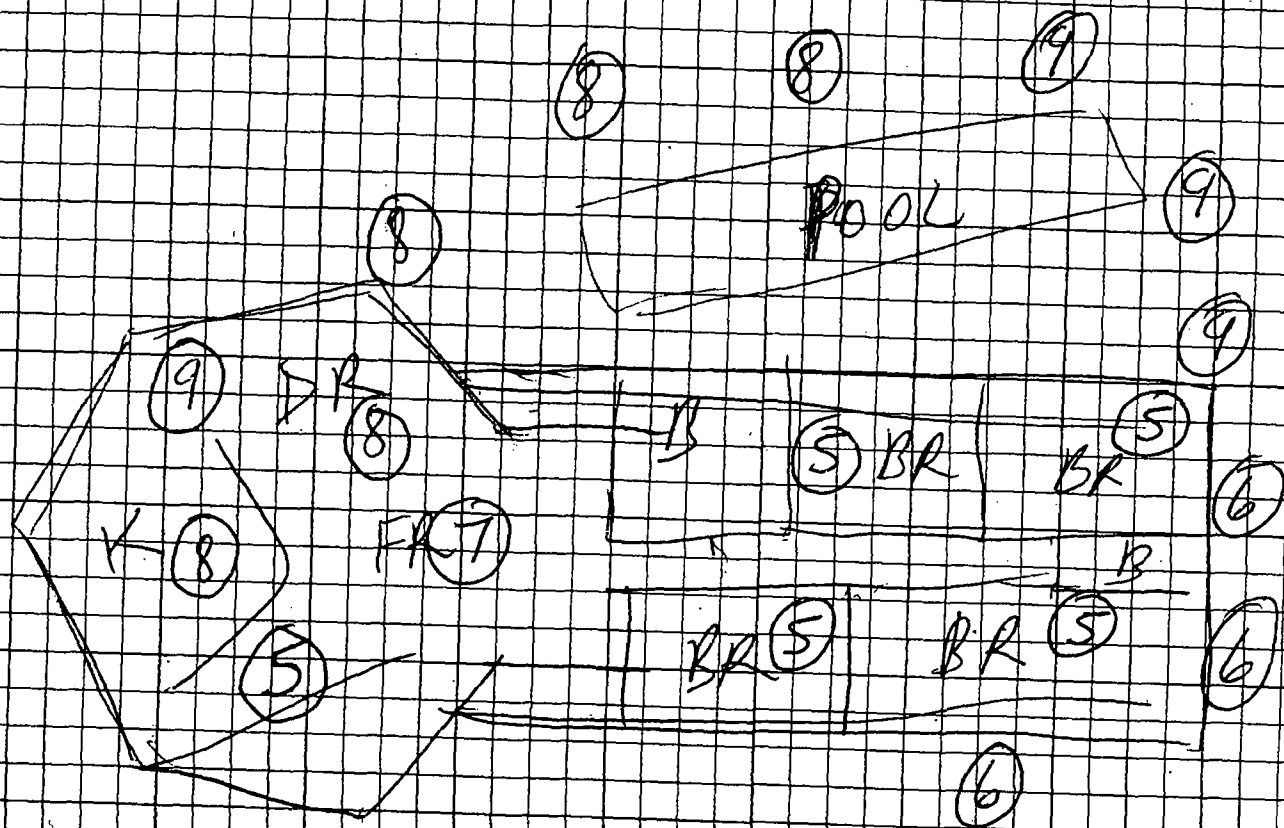
1. Yes
2. No

0. Bedroom
1. Living Room
2. Kitchen
3. Den-Family Room
4. Dining Room
5. Attached Garage
6. Basement
7. Work shop
8. Other
9. More than one locati

FREE PUNCH COMMENT

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

67 68 69 70 71 72 73 74 75 76 77 78 79 80



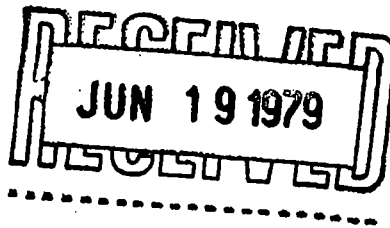
9-11

12 O'CLOCK

FILE

(b) (6)

June 18, 1979



Mr. Harlan Keaton  
Polk County Health Department  
P. O. Box 1480  
Winter Haven, Florida 33880

Dear Mr. Keaton:

Radiation Testing,  
Residential Reclaimed  
Phosphate Lands

This is for formally request that you conduct a test  
of my home and surrounding property, (b) (6)  
(b) (6)

I understand there is no charge for this test and that  
you will telephone to set up an appointment. Please  
feel free to call me at either my home, (b) (6), or  
my office, 646-7254, at your earliest convenience.

Very truly yours,

R. D. McGrew



FILE CODE Gamma Survey DATE 8-28-85 (b) (6)  
NAME Eugene J. Feuling PHONE (b) (6) ADDRESS (b) (6)  
TYPE OF REQUEST Wants radiation survey of his home. Lakeland WORK

CONDITIONS FOUND AND ACTION TAKEN Gamma Survey performed on interior of  
house on 8-28-85. House has schistolithic type slabs  
Levels found below:

Liv Rm & Foyer	-	7	micro-R
Dining Area	-	7	"
Den off Foyer	-	6	"
Bath off Den	-	7	"
NE Bedrm	-	7-8	"
Kitchen	-	7	"
Fam Rm off Kitchen	-	8	"
SW Bedrm	-	6-7	"
SE Bedrm	-	7	"
Laundry	-	6	"

INVESTIGATED BY Tom McNally DATE 8-28-85  
RAD/9 Radiological Health Investigation and Complaint Card

Mr Mike Gilley

8/26/85

On Monday August 26, 1985 I called  
you with regards to having my horse  
inspected for radiation.

I hereby authorize you to come into  
the house for inspection. My phone



DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES . . . . .

STATE OF FLORIDA  
Bob Graham, Governor

# DISTRICT SIX POLK COUNTY PUBLIC HEALTH UNIT

**DIRECT SERVICE UNITS**

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

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HAINES CITY, FLORIDA 33844

G.A. REICH, M.D., M.P.H.  
DIRECTOR

229 AVENUE D, N.W.  
P.O. BOX 1480  
WINTER HAVEN, FLORIDA  
33882-1480

RADIOLOGICAL AND OCCUPATIONAL HEALTH SECTION  
813 294-7481 ext. 283

**DIRECT SERVICE UNITS**

1333 NORTH FLORIDA AVENUE  
LAKE LAND, FLORIDA 33805

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

September 4, 1985

Eugene J. Feuling

(b) (6)

Dear Mr. Feuling:



## DISTRICT SIX

# POLK COUNTY PUBLIC HEALTH UNIT

### DIRECT SERVICE UNITS

1755 HOLLAND PKWY., SOUTH  
BARTOW, FLORIDA 33830

111 NORTH 11TH STREET  
HAINES CITY, FLORIDA 33844

G.A. REICH, M.D., M.P.H.  
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229 AVENUE D, N.W.  
P.O. BOX 1480  
WINTER HAVEN, FLORIDA  
33882-1480

### DIRECT SERVICE UNITS

1333 NORTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33805

305 WEST CENTRAL AVENUE  
LAKE WALES, FLORIDA 33853

Doremus Inc.

(b) (6)

Dear Mr. Doremus,

This letter is in response to your request for the results of the gamma survey performed at (b) (6)?

While surveys such as this are a matter of public record and are available for your use, it is the policy of the Department of Health and Rehabilitative Services to protect the privacy of individuals and to prevent the disclosure of confidential information.

FILE CODE GAMMA SURVEY

DATE 11/26/85

NAME ZIMMERMAN

PHONE \_\_\_\_\_

ADDRESS (b) (6)

TYPE OF REQUEST MRS ZIMMERMAN REQUESTED A SURVEY <sup>LAKELAND</sup>  
IN HOME.

(b) (6)

CONDITIONS FOUND AND ACTION TAKEN \_\_\_\_\_

Only background levels found as noted on  
back. Mrs Zimmerman informed at time of  
survey. - no further action

INVESTIGATED BY Tom McDally

DATE 11/26/85

RAD/9 Radiological Health Investigation and Complaint Card

LOUPEL

STAIRS - 4

FAM RM - 5

UN AREA - 4

GARAGE - 5

UN RM - 3

FAM RM - 5

INITIAL

REMARKS ON FOLLOW-UP VISITS

DATE